MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
69 1657 722	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1							51		2					
2							52				1			
3							53				1			
4							54				1			
5							55				1			
6							56							
7							57							
8							58							
9							59							
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11							61							
12							62							
13							63							
14							64							
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28							78							
29							79							
30							80							
31							81							
32		2					82							
33		2					83							
34		2					84							
35							85							
36		1					86							
37		2					87							
38		2					88							
39		2					89							
40	1						90							
41		1					91							
42		1					92							
43		2					93							
44		2					94							
45		2					95							
46		2					96							
47		2					97							
48		2					98							
49		2					99							
50		2					100							
TOTAL IND.	6						TOTAL IND.							
TOTAL DEP.	42						TOTAL DEP.		14					
TOTAL CLAIMS	48						TOTAL CLAIMS		15					